

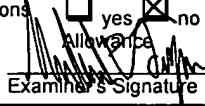



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BIBDATASHEET**CONFIRMATION NO. 9230**

Bib Data Sheet

SERIAL NUMBER 10/671,910	FILING DATE 09/29/2003 RULE	CLASS 403	GROUP ART UNIT 3679	ATTORNEY DOCKET NO. 1217.18404
APPLICANTS Mark E. Jensen, Sheboygan, WI; John E. Habermann, St. Francis, WI;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/17/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY WI Examiner's Signature  Initials 	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
ADDRESS 26308 RYAN KROMHOLZ & MANION, S.C. POST OFFICE BOX 26618 MILWAUKEE , WI 53226				
TITLE Stirrup support indexer for a medical examination table				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)	